Review **Basic Safety and Infection Control, and National Patient Safety Goals.**

Review **assessment, interventions, monitoring, and care** for conditions commonly encountered in WOCN practice, including:

- Arterial insufficiency – risk for skin breakdown in response to trauma greatest in most distal (toes)
- Arterial ulceration, characteristics
- Diabetes
- Enterocutaneous fistula – cost-effective pouching system, protection of peri-fistular skin
- Ileostomy – measures to prevent food blockage
- Incontinence, fecal and urinary
- Neuropathic ulcer
- Ostomy, sexual intimacy concerns: give information about options, supplies, and equipment.
- Partial thickness wound healing by epithelial proliferation and migration (re-surfacing)
- Pre-operative ostomy site marking
- Pressure ulcer staging, characteristics of stage III
- Unavoidable pressure ulcers at end-of-life due to skin failure
- Healing of partial thickness wound – epithelial proliferation and migration (re-surfacing)
- Risks for skin breakdown – incontinence, immobility, obesity, advanced age
- Factors favoring healing – pre-albumin
- Mixed incontinence, recommend urodynamic studies
- Venous stasis ulcers

**Supplies, Equipment, Treatments, and Procedures**

- Antifungal powder and moisture barrier to treat candidiasis with incontinence-associated dermatitis
- Closed bowel management system – high output fecal incontinence in C. diff diarrhea and multisystem failure
- Compression therapy to manage edema in full thickness ulceration venous stasis ulcer with 3+ pitting edema
- Conservative sharps debridement, contraindicated with anticoagulants
- Convex extended-wear barrier with drainable pouch and belt, for flush stoma with shallow peristomal creases, fluid effluent and soft abdomen
- Povidone iodine (Betadine®) solution to treat non-revascularized arterial wounds w/dry intact eschar
- Emollients or transparent film, encourage family to hold infant to protect occipital skin of preterm infant
- Features of ideal pouching system in general and specifically for a flush stoma
- Initial preventive action for pressure ulcers, modify or eliminate causative factors
- Moisture barrier ointment to prevent chemical injury to skin in fecal incontinence
- Moist wound environment, key factor for healing
- Stage I pressure ulcer treatment: relieve pressure
- Stage II pressure ulcer treatment: hydrocolloid, hydrogel
- Prevention of shearing force damage with foam dressing
- Neuropathic ulcer, standard of care
- WOCN role in cost-effective decision making

Review action, preparation, monitoring, and precautions related to **medications** commonly used in WOCN practice such as
- Anticoagulants – contraindication for conservative sharps debridement
- Cetirizine (Zyrtec®) contributes to overflow incontinence in patient who has RPH
- Collagenase (Santyl®), apply a layer that is the thickness of a nickel

Review principles and practices of **communication with patients and family**, including
- Patient satisfaction, importance of communication
- Appearance of healing wound, beefy granulation tissue
- Loop stoma – purpose of plastic rod
- LOPS, inspect soles of feet daily for reddened areas
- Stoma/ostomy teaching with 4 year-old child
- Ostomy teaching with a teenager
- Concerns about sexual intimacy with ostomy: inform re: clothing options
- Initial measures to reduce stress incontinence – Kegel exercises

Review **age-specific Considerations**
- Pressure ulcer prevention in preterm infant
- Stoma/ostomy teaching with 4 year-old child
- Ostomy teaching with a teenager
- Elderly, risk created by alkaline soaps, malnutrition, corticosteroid use

Review **Laboratory Results** commonly encountered in WOCN practice, such as
- Serum pre-albumin

Review principles and practices related to **safety and infection prevention**, including
- Patient identifiers
- Handwashing w/ C. Diff

Review measures to prevent **CMS Hospital Acquired Conditions**, including
- Pressure ulcer, staging